

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

Operator CONTINENTAL OIL COMPANY	
Address P.O. Box 460, HOBBS, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
TEMPORARY REQUEST: TO DISCONTINUE TEMPORARY FLARING OF GAS AND TO COMMENCE DELIVERIES TO EL PASO NATURAL GAS.	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 22	Well No. 8	Pool Name, Including Formation LINDRITH GALLUP DAKOTA, WEST	Kind of Lease INDIAN	Lease No. CONTRACT 65
Location				
Unit Letter I	Feet From The SOUTH Line and 1080		Feet From The EAST	
Line of Section 16	Township 25 N	Range 4 W	NMPM, RIO ARRIBA County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 1588, FARMINGTON, N.M.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) EL PASO, TEXAS	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28
	Twp. 25	Rge. 4
	Is gas actually connected? No When	

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 10-28-76	Date Compl. Ready to Prod. 3-24-77		Total Depth 7994'		P.B.T.D. 7955'			
Elevations (DF, RKB, RT, CR, etc.) 7103' GR	Name of Producing Formation LINDRITH GALLUP DAK, WEST		Top Oil/Gas Pay 6809'		Tubing Depth 7941'			
Perforations 6962', 64', 66', 68', 78', 80', 82', 92', 94', 96', 98', 7000', 10, 12, 14, 16, 18, 20,					Depth Casing Shoe 1089			
7692-98', 7810-12', 7828-42', 7863-77', 7928-47'.								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1039'		550			
7 7/8	4 1/2		7994'		1231			
	2 3/8		7941'					

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-11-77	Date of Test 5-23-77	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 80	Gas - MCF 200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. K. Bradley
(Signature)
SR. STAFF ASST.
(Title)
5-24-77
(Date)
NMOCC (AZTEC) 5 - BEA - FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY **Original Signed by A. R. Kendrick**
TITLE **SUPERVISOR DIST. 33**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.